

June 18, 2003

Montana Medicaid Notice

Dental and Denturist Providers

Local Codes Terminating

Under HIPAA, state Medicaid programs and state Medicare carriers are required to phase-out all of their HCPCS Level III (local) codes. These are alpha-numeric codes beginning with 'W' through 'Z' and followed by four digits. In most instances, these codes are peculiar to a single state and very rarely common to all carriers like the CPT-4, HCPCS Level II and CDT-4 codes.

The Montana Medicaid dental program will terminate its last two active 'Z' codes effective June 30, 2003. Services formerly billed under Z0055 for dental hospital calls, will be billed with D9420 effective July 1, 2003. Services formerly billed under Z0096 for placing a patient's name on a full or partial denture, will no longer have a separate code. This service, effective July 1, 2003, will be included in the fee for a denture (codes D5110 through D5281) and will only be provided for nursing home residents.

Contact Information

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958